

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	6/21/99
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	8	7-1-99
FORMALITY REVIEW	<i>[Signature]</i>	88518	7/8/99 8/18/99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final 8/1/99	
Original	
1	10/23/02
2	11/24/03
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Claim	Date
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If more than 150 claims or 10 actions  
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